

THIS FORM MUST BE MADE UP FOR EACH CHILD, AND THE NUMBER OF EACH CHILD MUST BE INDICATED IN ORDER OF BIRTH STATED.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

174

86

1. PLACE OF BIRTH

County

Township

City

State

or Village

No. (If birth occurred in a hospital or institution, give its NAME instead of street and number)

St.

Ward

2. Full name of child

If child is not yet named, make supplemental report, as directed

3. Sex

If plural births

4. Twin, triplet, or other

6. Premature

7. Legitimate

8. Date of birth

(Month, day, year)

9. Full name

FATHER

18. Full maiden name

MOTHER

10. Residence (usual place of abode)

(If nonresident, give place and state)

19. Residence (usual place of abode)

(If nonresident, give place and state)

11. Color of race

12. Age at last birthday

(Years)

20. Color of race

21. Age at last birthday

(Years)

13. Birthplace (city or place)

(State or country)

22. Birthplace (city or place)

(State or country)

OCCUPATION

14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

16. Date (month and year) last engaged in this work

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17. Total time (years) spent in this work

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OCCUPATION

23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc.

24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.

25. Date (month and year) last engaged in this work

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26. Total time (years) spent in this work

27. Number of children of this mother

(At time of this birth and including this child) (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1

28. If stillborn, period of gestation

7 months

29. Cause of stillbirth

Abruption Placenta

Before labor

During labor

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was stillborn at 2:30 p.m. on the date above stated

(When there was no attending physician or midwife, then the father, householder, etc., should make this return.)

(Signed) Charles H. Hunsaker, M.D.

or Midwife

Address

Filed

Given name added from a supplemental report

375-923-425

(Date of)

Registrar.

Registrar.